



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES**

Page 1 of 6



## Application for Certification

In order for your application to be processed you are required to provide the following information. Failure to complete each section will result in your application being returned as a deficient application. Arizona Administrative Code R9-25-1201(A)(1)

### APPLICATION TYPE SECTION

<input type="checkbox"/>	<b>INITIAL APPLICATION</b>	<input type="checkbox"/>	<b>RE-CERTIFICATION APPLICATION</b>	<input type="checkbox"/>	<b>TEMPORARY CERTIFICATION</b>	<input type="checkbox"/>	<b>DOWN GRADE CERTIFICATION</b>
<input type="checkbox"/>	<b>BASIC</b>	<input type="checkbox"/>	<b>INTERMEDIATE</b>	<input type="checkbox"/>	<b>PARAMEDIC</b>		

### APPLICANT INFORMATION SECTION

<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME</b>	
<b>MAILING ADDRESS</b>			<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>HOME TELEPHONE NUMBER</b>		<b>WORK TELEPHONE NUMBER</b>		<b>ALTERNATE TELEPHONE NUMBER</b>	
<b>SOCIAL SECURITY NUMBER</b>		<b>DRIVER LICENSE NUMBER</b>		<b>LICENSE STATE</b>	<b>DATE OF BIRTH</b>

### APPLICANT PROFESSIONAL CERTIFICATION SECTION

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you hold a current registration from the National Registry of Emergency Medical Technicians?	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> PARAMEDIC	NUMBER	EXPIRATION DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you hold a current or had a prior Arizona certification as an Emergency Medical Technician?	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> PARAMEDIC	NUMBER	EXPIRATION DATE
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been denied certification as an Emergency Medical Technician in Arizona or any other state? if yes what level and when were you denied?	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> PARAMEDIC	STATE	DENIAL DATE

### APPLICANT COURSE INSTRUCTION SECTION

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	If you are applying for Initial Certification, have you completed an Arizona approved training program course of instruction for the level of certification for which you are requesting certification? If this does not apply to you then mark the box N/A to the left.	Course Provider	Graduation Date
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	If you are applying for recertification or temporary, have you completed an Arizona approved refresher training program course of instruction for the level of certification for which you are requesting certification? If this does not apply to you then mark the box N/A to the left.	Course Provider	Graduation Date

PROCEED TO PAGE 2

OFFICE USE ONLY

<b>BEMS DATE STAMP</b>	<b>PROCESSING CSR STAFF MEMBER</b>						<b>CERT NBR</b>		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>APPLICATION DEFFICIENT</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>FORWARD TO ENFORCEMENT</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>PROCESS ROUTINELY</b>



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES**



Page 2 of 6

**Application for Certification**

YES	NO	APPLICANT BACKGROUND QUESTIONS					
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently incarcerated for a criminal offense?					
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on parole for a criminal conviction?					
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on supervised release for a criminal conviction?					
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on probation for a criminal conviction?					
<input type="checkbox"/>	<input type="checkbox"/>	Within 10 years before the date of filing this application, have you been convicted of any of the following crimes, or any similarly defined crimes, in Arizona or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated?					
<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> or 2 <sup>nd</sup> degree murder?					
<input type="checkbox"/>	<input type="checkbox"/>	Attempted 1 <sup>st</sup> or 2 <sup>nd</sup> degree murder?					
<input type="checkbox"/>	<input type="checkbox"/>	Sexual assault?					
<input type="checkbox"/>	<input type="checkbox"/>	Attempted sexual assault?					
<input type="checkbox"/>	<input type="checkbox"/>	Sexual abuse of a minor?					
<input type="checkbox"/>	<input type="checkbox"/>	Attempted sexual abuse of a minor?					
<input type="checkbox"/>	<input type="checkbox"/>	Sexual exploitation of a minor?					
<input type="checkbox"/>	<input type="checkbox"/>	Attempted sexual exploitation of a minor?					
<input type="checkbox"/>	<input type="checkbox"/>	Commercial sexual exploitation of a minor?					
<input type="checkbox"/>	<input type="checkbox"/>	Attempted commercial sexual exploitation of a minor?					
<input type="checkbox"/>	<input type="checkbox"/>	Molestation of a child?					
<input type="checkbox"/>	<input type="checkbox"/>	Attempted molestation of a child?					
<input type="checkbox"/>	<input type="checkbox"/>	Dangerous crime against children (A.R.S. 13-604.01)?					
<input type="checkbox"/>	<input type="checkbox"/>	Within five years before the date of filing this application, have you been convicted of any other felony in Arizona, or any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated?					
<input type="checkbox"/>	<input type="checkbox"/>	Within five years before the date of filing this application, have you been convicted of a misdemeanor involving moral turpitude in Arizona, or any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated?					
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a certification, license or registration as an Emergency Medical Technician in Arizona or any other state revoked or suspended? If yes provide what level, state, and date of the action.	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> PARAMEDIC	STATE	ACTION DATE
<input type="checkbox"/>	<input type="checkbox"/>	Within two years before the date of filing this application, have you been convicted of a misdemeanor in Arizona or in any other state or jurisdiction, involving possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous, or narcotic drug, unless the conviction has been absolutely discharged, expunged, or vacated?					
<input type="checkbox"/>	<input type="checkbox"/>	Within two years before the date of filing this application, have you been convicted of a misdemeanor in Arizona or in any other state or jurisdiction, involving driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, dangerous, or narcotic drug, unless the conviction has been absolutely discharged, expunged, or vacated?					
<input type="checkbox"/>	<input type="checkbox"/>	Are you physically competent to provide emergency medical services as an emergency medical technician?					
<input type="checkbox"/>	<input type="checkbox"/>	Are you mentally competent to provide emergency medical services as an emergency medical technician?					

**I attest that all information provided in this application and / or any required supplemental forms and attached documents submitted to the Bureau are true and accurate.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**PROCEED TO PAGE 3**



ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES

Page 3 of 6

Application for Certification



In addition to the completion of the application questions where you answered **YES** to any criminal history questions, you are required to submit the following supplemental documents with your application. You are required to attach any police, court or probation documents provided to you by the criminal justice agency related to your offense. (Such documents may include but are not limited to Notice of charges, Complaint, or Indictment; Pre-sentencing screening, report or referral, or pre-sentence report; Plea agreement; Sentencing or probation order or judgment; Warrants; Dismissal, Probation release, or Court discharge.)

If court records have been purged or are no longer available, a document on letterhead from and signed by a representative of the court jurisdiction stating that your case files no longer exist, will be acceptable if it includes your name; social security number; date of birth; type of conviction; date and year of conviction; name and phone number of the court contact person.

APPLICANT CRIMINAL HISTORY SECTION

<input type="checkbox"/>	By checking the box to the left I declare I have <b>NOT</b> answered yes to any of the criminal history questions and therefore may PROCEED TO PAGE 5	<input type="checkbox"/>	By checking the box to the left I declare I <b>HAVE</b> answered yes to a criminal history question and therefore required to complete the remaining criminal history questions.
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What crime were you convicted of?				
What is the date of your conviction?				
What was the criminal classification of your offense?	<input type="checkbox"/> PETTY OFFENSE	<input type="checkbox"/> MISDEMEANOR	<input type="checkbox"/> FELONY	<input type="checkbox"/> UNKNOWN

ARRESTING AGENCY INFORMATION SECTION

Provide the name of the arresting police agency.				
MAILING ADDRESS		CITY	STATE	ZIP CODE
TELEPHONE NUMBER	TRAFFIC CITATION NUMBER		POLICE REPORT NUMBER	

JUDICIAL INFORMATION SECTION

Provide the name of the court in which you were convicted.				
MAILING ADDRESS		CITY	STATE	ZIP CODE
COURT TELEPHONE NUMBER	COURT DOCKET NUMBER		CASE NUMBER	

Since the original sentencing, indicate any change in the designation of your conviction?	<input type="checkbox"/> NO CHANGE	<input type="checkbox"/> REDUCED TO A MISDEMEANOR	<input type="checkbox"/> DISMISSED	<input type="checkbox"/> DISCHARGED	<input type="checkbox"/> SET ASIDE	<input type="checkbox"/> VACATED	<input type="checkbox"/> EXPUNGED
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PROCEED TO PAGE 4



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES**



Page 4 of 6

## Application for Certification

### SENTENCING INFORMATION SECTION

If you were sentenced to a jail term, enter the days in jail in this section.	<input type="checkbox"/> N/A	
If you were sentenced to a fine, enter the amount of the fine in this section.	<input type="checkbox"/> N/A	
If you were sentenced to pay restitution, enter the amount in this section.	<input type="checkbox"/> N/A	
If you were sentenced to community service, enter the number of hours in this section.	<input type="checkbox"/> N/A	
If you were sentenced to counseling, enter the number of hours in this section.	<input type="checkbox"/> N/A	
If you were sentenced to attend group sessions, enter the number of sessions in this section.	<input type="checkbox"/> N/A	

### PROBATION INFORMATION SECTION

If you were sentenced to probation, enter the length of probation in months in this section.	<input type="checkbox"/> N/A		
Indicate the type of your probation in this section.	<input type="checkbox"/> SUPERVISED	<input type="checkbox"/> UNSUPERVISED	<input type="checkbox"/> SUMMARY
Indicate the length of your probation in this section.	START DATE		FINISH DATE
Provide the name of your probation officer in this section.			
Provide the telephone number for your probation officer in this section.			

### PAROLE INFORMATION SECTION

If you were sentenced to parole, enter the length of parole in months in this section.	<input type="checkbox"/> N/A	
Indicate the type of your parole in this section.	<input type="checkbox"/> SUPERVISED	<input type="checkbox"/> UNSUPERVISED
Indicate the length of your parole in this section.	START DATE	FINISH DATE
Provide the name of your parole officer in this section.		
Provide the telephone number for your parole officer in this section.		

**PROCEED TO PAGE 5**

### ENFORCEMENT SECTION USE ONLY

INVESTIGATOR ASSIGNED	DATE RECEIVED	CASE NUMBER	DATE COMPLETED	ACTION TAKEN



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES**



Page 5 of 6

**Application for Certification**

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By checking the box to the left I declare **I have NOT** answered yes to any of the criminal history questions and therefore may PROCEED TO PAGE 6

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By checking the box to the left I declare **I HAVE** answered yes to a criminal history question and therefore REQUIRED to complete this page before continuing to the next page. This page must be signed and notarized.

**AUTHORIZATION FOR RELEASE OF INFORMATION WAIVER**

APPLICANT FIRST NAME	APPLICANT MIDDLE NAME	APPLICANT LAST NAME	
SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER	LICENSE STATE	DATE OF BIRTH

I have applied for certification as an Emergency Medical Technician with the State of Arizona, Department of Health Services, Bureau of Emergency Medical Services. I hereby expressly authorize any individual, company, institution, school, college, university, police department, court, probation department, local, state or federal government office or U.S. Military to supply the Department of Health Services, Bureau of Emergency Medical Services with any information concerning my personal, criminal, job or military history, including an undeleted copy of my DD-214. This release does not authorize release of medical records or substance abuse treatment records.

It is also agreed that I hereby expressly waive any claim or right of action against any party as a result of the release of any personal or job history information.

**My signature authorizes the Bureau of Emergency Medical Services Investigators to obtain information described above for the purpose of processing my application.**

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**NOTARY PUBLIC**

Notary Stamp	Notary Signature
	_____

**PROCEED TO PAGE 6**



ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES

Page 6 of 6



## Application for Certification

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By checking the box to the left I declare I am **NOT** applying for recertification of my intermediate or paramedic certification therefore, I **DO NOT** have to complete or sign this page.

☐

By checking the box to the left I declare I am applying for recertification of my intermediate or paramedic certification therefore, I am **REQUIRED** to complete and sign this page.

### RE-CERTIFICATION APPLICANT INFORMATION SECTION

APPLICANT FIRST NAME	APPLICANT MIDDLE NAME	APPLICANT LAST NAME	

SOCIAL SECURITY NUMBER	ARIZONA CERTIFICATION NUMBER	Intermediate <input type="checkbox"/>	Paramedic <input type="checkbox"/>

### CONTINUING EDUCATION DECLARATION SECTION

Applicants are required to submit this Affidavit declaring that within the current certification period, an applicant for EMT intermediate or paramedic recertification has completed **60 CLOCK HOURS** of continuing education as required by Arizona Administrative Code R9-25-406(C) as listed below:

1	Proficiency in cardiopulmonary resuscitation and proficiency in advanced emergency cardiac life support, worth 7 clock hours.	7	No more than 20 clock hours of teaching related to skills, procedures, or treatments authorized under A.A.C. Title 9, Chapter 25, Article 8.
2	No more than 48 clock hours for completion of the Arizona ALS refresher.	8	No more than 16 clock hours of training in advanced trauma life support.
3	No more than 12 clock hours for passing the Arizona ALS refresher challenge examination.	9	No more than 16 clock hours of training in pediatric emergency care.
4	No more than 20 clock hours of training in a single subject covered in the Arizona EMT-I course, Arizona EMT-P course, or Arizona ALS refresher.	10	No more than 20 clock hours of training in current developments, skills, procedures, or treatments related to the practice of emergency medicine or the provision of emergency medical services.
5	No more than 20 clock hours of teaching in a single subject covered in the Arizona EMT-I course, Arizona EMT-P course, or Arizona ALS refresher.	11	No more than 20 clock hours of participation in or attendance at meetings, conferences, presentations, seminars, or lectures designed to provide understanding of current developments.
6	No more than 20 clock hours of training related to skills, procedures, or treatments authorized under A.A.C. Title 9, Chapter 25, Article 8.		skills, procedures, or treatments related to the practice of emergency medicine or the provision of emergency medical services.

I attest that all information provided in this application submitted to the Bureau are true and accurate, and that I have and will maintain for Department review documentation verifying completion of the continuing education required under R9-25-406(C).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

END OF APPLICATION